

INVOICE

| | |
|--------------|--|
| Invoice Date | |
|--------------|--|

| |
|--|
| Customer: Montana Department of Environmental Quality Water Quality Planning Bureau PO Box 200901 Helena MT 59620-0901 |
|--|

| Quantity | Item | Price per Unit | Extended Price |
|-------------------|--|----------------|----------------|
| 1 | Mini Grant Reimbursement: Mini Grant for Items. Contributed non-federal Match Description: Match Amount: \$ | \$ | \$ |
| TOTAL AMOUNT DUE: | | | \$ |

Payment of invoice can be made only by check and mailed to:

Mini Grant Grantee or Fiscal Agent:
Address:

City, State & Zip:
FED ID #:

Questions on invoice details can be addressed to:
at address above or by calling